

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540063
APPLICANT

FILING

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				51
2		1		1			52
3		1					53
4	1		1	1			54
5	4			1			55
6	4			1			56
7	4			1			57
8	4			1			58
9	4			1			59
10	4			1			60
11	4			1			61
12	4			1			62
13	4			1			63
14	4			1			64
15	4			1			65
16	4			1			66
17	4			1			67
18	4			1			68
19	4			1			69
20	0		1				70
21	0		1				71
22	0		1				72
23	0		1				73
24	0		1				74
25	1		1				75
26	0		1				76
27	0		1				77
28	1		1				78
29	0		1				79
30	0		1				80
31	0		1				81
32	0		1				82
33	0		1				83
34	0		1				84
35	0		1				85
36	0		1				86
37	0		1				87
38	0		1				88
39	0		1				89
40	0		1				90
41	0		1				91
42	0		1				92
43	0		1				93
44	0		1				94
45	0		1				95
46	3						96
47							97
48							98
49							99
50							100
TOTAL IND.		↓	4	↓		↓	
TOTAL DEP.		←	4	1	←	←	
TOTAL CLAIMS		45					